10/720821

Application or $\underline{\underline{\mathcal{D}}}$ ocket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10720821

								101000 KI					
		CLAIMS AS	S FILED - PART I (Column 1)		. (Column 2)		_	SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			19					RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
то	TAL CHARGEA	BLE CLAIMS	23 minus 20=		. 3			X\$ 9=	27	OR	X\$18=	λ λ	
INDEPENDENT CLAIMS			2 mi	nus 3 =	* 9			X43=		OR	X86=		
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+145=	1465	OR	+290=		
* Itahe difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II								TOTAL	55F	OR	TOTAL OTHER		
		(Column 1)		(Colun		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE∫	
	Total	· <u>J</u> 3	Minus	* 3	<u></u>	= //		X\$ 9=		OR	X\$18=		
	Independent	* 2	Minus	*** 5		=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
		1					L	TOTAL			TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)											AUUII. PEEI	U	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AMENDMENT	Independent				O: 4194	<u>L</u>	1 [X43=		OR	X86=	Å	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						¹ [+145=		OR	+290=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENOMENT C		CLAIMS REMAINING AFTER AMENDMENT	i .	HIGHI NUME PREVIC PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	<u> </u>	X43=		OR	X86=		
*	FIRST PRESE) -											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145= TOTAL		OR	+290=		
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								<u> </u>	OR ,	TOTAL ADDIT. FEE		
		ber Previously Pai					er foun	id in the app	ropriate box	in col	umn 1.		